
Promising Practices

Injury Prevention Programs in Alaska



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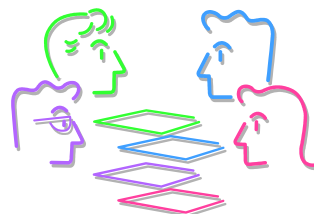
About This Manual

Unintentional injuries are the leading cause of death of Alaskans age 1-44 years, and the third leading cause of death for Alaskans overall. The State of Alaska Injury Surveillance and Prevention Program (ISAPP) staff believes that injuries are preventable, and that injury prevention activities do work. The purpose of this manual is to describe successful programs and to share details about the programs so that they can be replicated in Alaskan communities.



The Promising Practices manual is a collection of single page informative sheets. Each sheet describes a specific program in the following format: program objectives; problem statement; strategies and activities; evaluation methods; cost; and program contact names and phone numbers. There are many successful injury prevention programs in the state. These are the programs in which the ISAPP staff has been involved.

Because of the excellent collaboration among the injury prevention players in Alaska, programs are often the product of brainstorming, idea-sharing, pilot projects, research, and borrowing from national and other state initiatives. Therefore the credit for these programs goes far and wide. For more information on other injury prevention programs and other injury prevention agencies in Alaska, please visit our web site at http://chems.alaska.gov/ems_injury_prevention.htm



For additional information on injury prevention in Alaska, please contact:

Martha Moore, Injury Surveillance and Prevention Program Unit Manager, 465-8631

Table of Contents

Ski Helmet Project.....	4
Snowmachine Safety Event.....	5
Alaska Prevention of Fire-Related Injury Program.....	6
Poison Prevention Activities.....	7
Kids Don't Float Loaner Board.....	8
Kids Don't Float Peer Education Program.....	9
Injury Prevention in the Bag Program.....	10
Alaska EMS has Injury Prevention in the Bag Program.....	11
Safe Gun Storage Program.....	12
Child Passenger Safety.....	13
Reflector Program.....	14
Alaska Prevention Education Ladder (APEL).....	15
Gatekeeper/Suicide Prevention.....	16

Ski Helmet Project

Objective: Reduce head injuries among skiers by increasing ski helmet use.

Problem Statement: About 50 skiers and snowboarders are hospitalized every year in Alaska. Six percent of the injured skiers and 9% of the injured snowboarders sustained brain injuries from 1995-1999. An observation study at Juneau's Eaglecrest Ski Area in the winter of 2001-02 showed only 22% helmet use among the skiers and snowboarders.

Strategies and Activities: The Alaska Injury Prevention Center purchased 13 ski helmets for the Alyeska Ski Patrol (Girdwood, Alaska) during the 2000-20001 ski season. "We wanted to change the way skiers and snow-boarders think about wearing helmets," said Ron Perkins, Executive Director of the Alaska Injury Prevention Center. "By having some of the best skiers on the slopes wearing helmets, we thought we could encourage the amateur enthusiasts to wear them too."

For the 2001-2002 season, the Alyeska ski patrol received 20 more helmets and the Eaglecrest Ski Patrol received forty helmets from the Alaska Department of Health and Social Services Injury Surveillance and Prevention Program.

Evaluation: This program will be evaluated through periodic monitoring of ski helmet use at the ski areas. The first two helmet observation studies were conducted in Winter of 2001-02, at the Eaglecrest Ski Area. Results from 609 observations showed 22% helmet use (15.5% of adult skiers, 36.5% of youth skiers, 14% of adult snowboarders, and, 16% of youth snowboarders.) Similar studies will be conducted in subsequent years to evaluate the effectiveness of role-modeling in helmet use while skiing and snowboarding.

Cost: \$84 per helmet.

Contact: Ron Perkins, Alaska Injury Prevention Center, Anchorage, 929-3941 or Karen Lawfer, ISAPP, Juneau, 465-8632



Alyeska Ski Patrol in the new helmets, 2000-2001 ski season.

"I was wearing one of the helmets that Ron bought for us when I had a rather spectacular fall last spring – it saved my life."

Michael Callahan
Alyeska Ski Patrol

Snowmachine Safety Event Day

Objective: The goal is to help parents of young snowmachiners decide if their child is ready to be on a snowmachine by encouraging helmet use and safe riding habits.

Problem Statement: In Alaska, snowmobile injuries hospitalize between 40 and 50 youth (age 0-19) per year, and off-road vehicle injuries are the third leading cause of injury hospitalization for the 10-19 age group. Snowmobile injuries often occur when the snowmobile collides with an object or another vehicle, or when the rider is ejected. Another common cause of injuries is falling out of a sled being towed by a snowmachine. A helmet observational study conducted from January to April 2001 in rural & urban areas of the state showed that helmet use among children and adolescents was higher than among adults (teens 61%, children 54%, adults 38%). Kotzebue had the lowest helmet use (0%) by children and teens, Anchorage the highest use among children (100%) and teens (87%).

Strategies and Activities: This one-day program uses multimedia methods such as lectures, handouts, videos, and displays, emphasizing hands-on demonstrations of skills and on-on-one instruction. The program design is for use by volunteers who are concerned about safe snowmachine riding by children and teens in their community. Event day activities are based on groups of no more than 10 participants visiting 5-15 minute stations including: Is Your Child Ready to Ride a Snowmachine?; Be Prepared; Rules of the Road; Environmental Conditions; Snowmachines are Not Toys; Helmet-Fittings; Safety Equipment; Reflector Materials; an optional Avalanche Safety Workshop; and an Outdoor Training Course. Each parent and child is given a packet of information and a nametag. Each participating child or youth MUST have a caregiver with him/her. The caregiver must sign a release of liability.

The Kenai Peninsula Safe Kids Coalition has sponsored two Youth Snowmobile Safety Events; the most recent, which included an Avalanche Awareness class, was held on February 8-9, 2002. Approximately 500 children, youth, parents, and caregivers attended this course.

Evaluation: This program will be evaluated through periodic monitoring of helmet use at communities which have held safety event days. Helmet use observations will be conducted in subsequent years to evaluate the effectiveness of the snowmobile safety awareness event.

Cost: DOT or Snell-approved snowmachine helmets are expensive. Often dealers will co-sponsor an event by providing a variety of sized helmets at or below dealer cost. If purchasing direct from the manufacturer, helmets are generally \$75-\$95 each.

Contact: Jane Fellman, Kenai SAFE KIDS, 262-8195 x.280 or Zoann Murphy, ISAPP, 465-1185



"Snowmobiles continue to pose a significant risk to children younger than 15 years and adolescents and young adults 15 through 24 years of age."

The American Academy of Pediatrics

Alaska Prevention of Fire Related Injuries Project

Project Goal: To reduce death and injuries due to residential fires in rural Alaska through increased smoke alarm use and fire safety and prevention education.

Problem Statement: Every year Alaska loses citizens to residential fire. Human loss and suffering due to residential fires are often preventable when homes have a working smoke alarm or when home occupants follow basic fire safety and prevention procedures. Functional smoke alarms and basic home fire safety and prevention procedures are even more important in rural Alaska where many of our communities have little or no fire fighting protection.

Strategies and Activities: To increase the use of smoke alarms in rural homes in Alaska, smoke alarms will be given out to homes voluntarily participating in the project. To increase the knowledge and practice of basic home fire safety and prevention, fire safety and prevention education will be provided during home visits to install smoke alarms and during other public education venues.

With the assistance of partners around the state, rural communities at higher risk for residential fire, based on previous incidence rates and community demographics, will be canvassed door-to-door to check on function of existing smoke alarms and to install new smoke alarms as needed. The educational component that accompanies the home smoke alarm check and installation effort includes: home fire escape planning and practice; safe cooking methods; dealing with children and fire; safer smoking in the home; smoke alarm maintenance; and checking for safe use of electricity, appropriate use of home heating equipment, and combustibles. Similar prevention education will be conducted through community and school presentations.

During 2002-2003 the project will work with state agencies and regional partners in Nome, Dillingham, Bethel, Kotzebue, Sitka and Fairbanks to reach rural communities in Alaska with smoke alarms and home fire safety and prevention education.

Evaluation: A survey form is completed for every home that accepts a smoke alarm check, a new smoke alarm, or fire safety and prevention education. The survey assesses the status of any smoke alarms in the home and current home safety knowledge and practice prior to installation or education taking place. Six months later, 25% of the homes surveyed will be randomly selected for a follow-up telephone call or visit to check on the function of the new alarm and on home safety and prevention knowledge and practice. The follow-up information will indicate if there is an increase in the number of homes with functioning alarms and an increase in the number of home occupants practicing home fire safety and prevention. The long-term outcome desired is a documented lower incidence of death and injury by residential fire in Alaska.

Cost: The cost of each alarm is about \$16.00. Additional program costs are variable due to transportation and personnel costs for each community.

Contact: Mary Krom, ISAPP, Anchorage, 269-3489

Photoelectric Smoke Alarms with Lithium batteries



Poison Prevention Activities

Objective: Reduce child deaths and injuries caused by poisonings by educating parents, childcare providers, and health care professionals about Alaska-specific poisonings and methods of treatment.

Problem Statement: Unintentional poisoning is the second leading cause of injury hospitalizations for Alaskan children age 0-4. A poison is something that can be harmful if swallowed, spilled on the skin, splashed in the eyes, or inhaled; medications, lamp oil, petroleum products, cosmetics/perfume, household products/cleaners, carbon monoxide, botulism, and plant exposures are common means of poisonings to Alaska's children. Children are frequently confused about what a poison is; they may know that poisons are 'bad', but do not realize that something sweet-smelling or tasting can be poison too. Many poisonings occur when children are hungry or stressed, or when there is a change in routine such as a holiday.

Strategies and Activities: Working with the Oregon Poison Control Center's Education Department, two Alaska-specific brochures have been developed: *Poison Prevention Alaska*, and *Plant Poisoning Prevention & Treatment*. These brochures, the national Poison Help brochures, stickers and magnets with the national poison center hotline number, and poison control posters have been sent to injury prevention specialists, healthcare providers, EMS organizations, hospitals, public health centers, and tribal health consortiums across the state. A video on poison prevention was produced in February 2002 and is available for viewing. There is an Alaska Poison Control educational powerpoint presentation available online and on cd rom. This presentation describes the Alaska Poison Control System, and gives an overview of the poison problem in Alaska. Two booklets, *Fight Homemade Poisons* and *House of Poison*, were developed and distributed by the Alaska Area Native Health Service. These booklets need revising and updating; an age-specific coloring book could be developed from these booklets.

Evaluation: Education is a difficult thing to evaluate. The American Association of Poison Control Centers (AAPCC) has determined that distribution of materials and media marketing efforts are an effective way to promote poison education programs. The AAPCC uses 'penetrance' as a measurement of the activities of poison control centers. Penetrance can be defined as a time-related, population-based rate (number of all poison exposures per 1000 people served) of the utilization of poison control center services. The specific aim of measuring penetrance is to help define a measure of poison center impact on the community.

Cost: Copy costs.

Contact: Zoann Murphy, ISAPP, 465-1185



*"1-800-222-1222,
1-800-222-1222,
If you think it might be poison
And you're not sure what to do
Call 1-800-222-1222."*

American Association of Poison Control Centers

Kids Don't Float Loaner Board Program

Objective: Reduce drowning among children by increasing personal flotation device (PFD) use.

Problem Statement: In the fifteen years from 1980 through 1994, 100 children and adolescents (age 0-14) died in Alaska due to drowning. Drowning remains a leading killer among children to this day. The majority of Alaska's drownings occur in the abundant marine waters, lakes, and rivers within and surrounding the state.

Strategies and Activities: Kids Don't Float (KDF) loaner board sites are established at harbors and public boat access areas. Instructions for building a loaner board and ordering PFDs (lifejackets) and a KDF sign can be obtained from the ISAPP office. PFDs are hung from pegs on the sign. Boaters and other harbor visitors may take appropriate size lifejackets for children, free of charge, then return the PFDs to the board when they have finished using the PFDs. The board sponsor monitors the board for needed replacements and stores the PFDs in the winter.

Evaluation: There were 317 KDF sites in Alaska as of February 2003. Kathy O'Gara, Injury Prevention Specialist for Southeast Region Health Consortium, did a formal evaluation of this program in 1997-1998. By comparing PFD use in two Southeast Alaska communities, she found that the community that established a KDF board experienced a 119% increase in PFD use. The PFD use in the control community remained virtually the same from 1997 to 1998. A PFD observation study in 2001, that included 229 observations, demonstrated 75% use at KDF sites compared with 50% use at non-KDF sites. Finally, from 1998-2002 a KDF jacket was involved in the rescue or survival of six children who were in danger of drowning.

Cost: PFDs and signs are funded by grant money and the boater registration fees. Materials for building a loaner board cost approximately \$80. Labor is volunteer.

Contact:

Maria Bailey, ISAPP, 465-4170

Mike Folkerts, U.S. Coast Guard, 463-2297

Jeff Johnson, Boating Safety Office, 269-8705



Kids Don't Float Peer Education Program

Objective: Reduce drowning among children through water safety education.

Problem Statement: In the fifteen years from 1980 through 1994, 100 children and adolescents (age 0-14) died in Alaska due to drowning. It remains a leading killer among children. The majority of Alaska's drownings occur in the abundant marine waters, lakes, and rivers within and surrounding the state.

Strategies and Activities: This project involves teaching high school students about water safety and PFD use, who in turn teach elementary school students the same skills and lessons adapted to their age level. The high school students may sign up through high school health classes, peer education programs, or community services projects. In a 2-3 hour training session the students learn the basics of the drowning problem in Alaska, water safety, hypothermia, and PFD use. They break into groups and prepare lesson plans to teach half-hour sessions in the elementary classroom. The lessons involve interactive games and activities. The students also arrange for their school visits, transportation and evaluators. Instructional notebooks, including all training materials, are available from the Alaska Department of Health and Social Services Injury Prevention Program, 463-4170.

Evaluation: In the Spring of 1998, the second year of KDF Peer Education at Juneau-Douglas High School, 37 high school ninth grade health class students and peer educators were trained and went on to teach 240 elementary school students.

Cost: Approximately \$320 for a set of 20 PFD in child and youth sizes for training purposes.

Contact: Martha Moore, ISAPP, 465-8631, or Joe McCullough, Boating Safety Office, Department of Natural Resources, 269-8690



Injury Prevention in a Bag Program

Objectives: To educate existing home visiting groups of unintentional injuries and related hazards in the home, then train the home visitors to perform home safety reviews, provide home safety education, and install safety devices to high-risk households.

Problem Statement: Evidence strongly suggests that low-income puts pre-school and grade school children at greater risk for injuries. Substandard housing often begets hazardous home environments. Frequent moves and not owning their own homes reduces incentive to invest in and install safety equipment. Falls are the leading cause of injury hospitalization for Alaska children and youth. The highest fall injury rates occur to infants and children under age five. Of children under age five who were admitted to a hospital because of a fall (from 1994-1998), about 31% fell from household furniture (chairs, beds, counters, tables, etc.). About 9% fell on stairs, and approximately 8% fell out of windows or off decks, porches, or balconies. Other types of injuries that occur in the home are fire, suffocation, swallowing foreign objects, burns, dog bites, and poisoning. This program has educational material and/or safety devices that address all of the common household injuries.

Strategies and Activities: Training will be provided to any interested groups, such as Healthy Families, Headstart, or Village Health Aides, on home safety inspections and the installation of safety devices. By utilizing individuals that are already visiting in the home, research has shown that participants will be more willing to accept inspections of their homes and to use the safety devices provided. Room by room inspection will be completed utilizing a home safety checklist (what to look for, appropriate devices, and educational material on different hazards based on age).

Evaluation: Programs utilizing the injury prevention in a bag program will also be gathering initial baseline and follow up data for evaluation and to determine effectiveness.

Cost: approximately \$150 per bag, plus additional supplies provided by ISAPP.

Contact: Karen Lawfer, ISAPP, 465-8632



Alaska FMS Has Injury Prevention in the Bag! Program

Objective: To increase awareness of the problem of child injuries in Alaska and to promote injury prevention activities among Alaska's EMS providers.

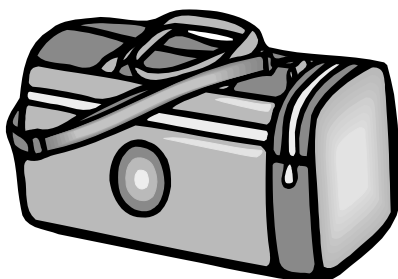
Problem Statement: Evidence strongly suggests that low-income puts pre-school and grade school children at greater risk for injuries. Substandard housing often begets hazardous home environments. Frequent moves and not owning their own homes reduces incentive to invest in and install safety equipment. Falls are the leading cause of injury hospitalization for Alaska children and youth. The highest fall injury rates occur to infants and children under age five. Of children under age five who were admitted to a hospital because of a fall (from 1994-1998), about 31% fell from household furniture (chairs, beds, counters, tables, etc.). About 9% fell on stairs, and approximately 8% fell out of windows or off decks, porches, or balconies. Other types of injuries that occur in the home are fire, suffocation, swallowing foreign objects, burns, dog bites, and poisoning. This program has educational material and/or safety devices that address all of the common household injuries.

Strategies and Activities: Training will be provided to EMS providers on becoming aware of hazards in homes with small children and on the installation of safety devices. By the end of the two-hour training, EMS providers will be able to: describe the problem of child injuries in Alaska; be able to list at least four different injury prevention programs in Alaska and know the contact person for each program; will determine if their service is ready to implement an injury prevention program; will be able to describe at least one 'teachable' moment for injury prevention; and, will know how to identify and use the safety devices provided in the course.

Evaluation: The EMS providers that take the two-hour training will be given a Readiness Self-Assessment test at the beginning of the course that will determine if their service is ready to implement an injury prevention program. The EMS providers will also be given a program evaluation questionnaire at the end of the course which will ask questions about what they have learned and if they will use the program in their service area. These two assessments will provide feedback on this pilot program. Included in the bags, which will be given to the course attendees, will be an Item Distribution Form. This form will describe where the safety devices were distributed/installed, how many children were in the household and their ages, and what items were distributed/installed. These forms will be returned to the CHEMS office and will provide a record of where the EMS providers are using the safety devices.

Cost: approximately \$350 per bag, plus additional supplies provided by ISAPP.

Contact: Zoann Murphy, ISAPP, 465-1185



Safe Gun Storage Program

Objective: To validate the findings of a firearm storage study conducted in the Bristol Bay area in 2000, to determine and compare gun owner compliance with trigger locks and gun storage cabinets, and to compare the regional differences in gun cabinet use in Alaska.

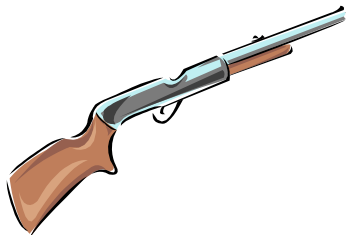
Problem Statement: Firearm injuries are a leading cause of serious and fatal injuries to children and youth in Alaska. Of 90 fatal firearm injuries to youth age 15-19 from 1994-1998, 64% were suicides. Alaska Natives represented about 22% of the children and youth (ages 0-19) during the study period, they accounted for 48% of the serious and fatal firearm injuries. Male children and youth were nearly six times more likely of being seriously injured or killed by firearms than female children and youth. Rates of firearm injury and death are higher in the rural areas of the state.

Strategies and Activities: Site coordinators will place gun storage cabinets and provide education on the positive aspects of firearm safety such as protecting children from unintentionally discharging a weapon and keeping firearms safe from theft.

Evaluation: Evaluation will consist of random, unannounced surveys of firearm storage in the homes receiving cabinets or trigger locks at six-months and more than 1 year intervals. The evaluation will not only look at use of the safety device, but will ask gun owners about their satisfaction of the device and reason (s) for compliance or non-compliance.

Cost:

Contact:



"Efforts should be made to convince adults not to let children or at risk teenagers have unsupervised access to firearms."

Serious and Fatal Firearm Injuries Among Children and Adolescents in Alaska: 1991-1997

Child Passenger Safety Program

Objective: Child safety restraints, when correctly installed, are estimated to reduce the risk of death as much as 71% for infants; but CSRs can be expensive and often difficult to install. This program focuses on developing the capacity to provide training in installing child safety seats in Alaska, as well as on education on the importance of booster seat use among 4-8 year olds.

Problem Statement: Motor vehicle crashes are the single leading cause of hospitalization of Alaskans age 0-19 years of age. In Alaska over 40% of children continue to ride unrestrained. After they reach 40 lbs, children need to be restrained in booster seats until they are big enough to fit properly in an adult seatbelt.

Strategies and Activities: Alaska have five in-state National Highway Traffic Safety Administration certified CPS instructors, and have trained over 150 NHTSA certified technicians from across the state. A two-day CPS course targeted for childcare providers was pilot-tested, modified, and is now a standard course. A special needs CPS course is also available. Child safety seat inspections continue at locations throughout the state. Over 1,000 safety seats and booster seats have been distributed to Medicaid-eligible children. Two CPS safety vans have traveled throughout Southcentral and Interior Alaska, and in Southeast Alaska via the Alaska Marine Highway System.

Evaluation:

Cost:

Contact: Gordon Glaser, ISAPP, 269-3433 or Karen Lawfer, ISAPP, 465-8632.



Reflector Program

Objective: Increasing the safety of children by using reflective, high-visibility products.

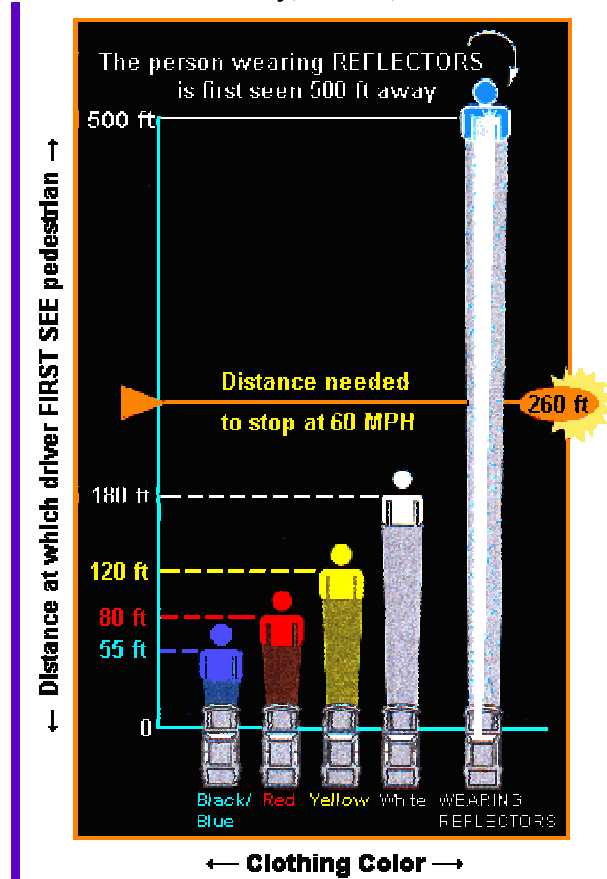
Problem Statement: Each year vehicles kill an estimated 5,700 pedestrians; one out of seven of those are children. In Alaska darkness descends early in fall and winter months. A child walking during darkness or in low light conditions wearing dark colors is first seen approximately 55 ft. away. This gives a driver less than one-second reaction time.

Strategies and Activities: In 2002, the State Injury Prevention Program adopted the reflector activity from the Alaska Native Tribal Health Consortium Injury Prevention Program. Using iron-on reflective tape, the reflector program puts reflective tape in designs on outerwear. The “Be Safe Be Seen” Reflector program offers education on pedestrian safety using handouts, demonstrations, and by providing reflectors for outdoor clothing.

Evaluation: This program will be evaluated through periodic survey of worn items with reflecting devices during school hours and throughout the community at various events.

Cost: \$.30 per inch of reflector tape.

Contact: Maria Bailey, ISAPP, 465-4170 or Alice Walters, ISAPP, 465-8623



Alaska Prevention Education Ladder (APEL)

Objective: Provide health care professionals easy access to the facts and recommendations for injury prevention at different stages of early childhood, to be delivered in the clinical setting as brief anticipatory guidance.

Problem Statement: Health care professionals, including Public Health Nurses, Community Health Aides, EMTs, and Healthy Families Home Visitors, are often in the best position to counsel clients on the injuries that are most prevalent in Alaska at a certain stage of development. Yet in the performance of their primary responsibilities this information takes low priority. Audience attention for injury prevention counseling is limited.

Strategies and Activities: Information is on a two-sided 8X5 card. Each card follows a similar format.



Gives Alaskan statistics for the injury.



Describes the where, how, and why of injury in greater detail.



Safety Tips.

Evaluation: This intervention is patterned after The Injury Prevention Program developed by the American Academy of Pediatrics, with demonstrated effectiveness. APEL will be evaluated as part of the Injury Prevention in a Bag Program.

Cost: Cards provided by the Injury Surveillance and Prevention Program.

Contact: Maria Bailey, Alaska Dept. of Health & Social Services, 465-4170.
Alice Walters, Alaska Dept. of Health & Social Services, 465-8623.

Gatekeeper/Suicide Prevention Program

Objective: To obtain a greater understanding of suicide, to learn the basics of being a Gatekeeper, and to practice gatekeeping skills using scenarios.

Problem Statement: Alaska's suicide rate is double the national rate; suicide is Alaska's fifth leading cause of death. Alaska averages 130 suicide deaths per year. More than 180 Alaskan communities were affected by suicide in the 1990's. The suicide rate for Alaskan youth age 15-24 is almost 5 times the national rate. More than one-fourth of all suicides in Alaska are committed by youth between the ages of 15 and 24. The suicide rate for Alaska Natives is consistently higher than the rate for other Alaskans. Rural suicide rates are double those in urban areas.

Strategies and Activities: A 2.15-hour video, "Gatekeeper Training/ Recognizing and Intervening in the Suicidal Patient" has been produced to show the problem of suicide in Alaska, discuss myths and facts of suicide, and to demonstrate means of intervention in dealing with a potential suicide patient. Information in the video includes factors that lead a person to consider suicide, attitudes of responders to attempted suicide, myths and misconceptions about suicide, data and statistics of suicide in Alaska, signs and symptoms of suicide, common helper emotions, suicide research, interventions for responders, and state and local contacts including the toll-free hotline. A handout is distributed with the video.

Evaluation: Continuing Medical Education credit is available from the EMS Regions (2.5 hours). Persons interested in obtaining credit must watch the video and take a 2-page quiz.

Cost: The video is available at no charge from ISAP or from the EMS Regional Training Coordinators.

Contact: Martha Moore, ISAP Unit Manager, 465-8631

